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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) manes, Harvey, , Dr.,		2. Candidate's FEC Identification Number H4NY03176	
(b) Address (number and street) 81-101 Spruce Pond Circle		3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)	
(c) City, State, and ZIP Code Plainview		NY	11803
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate NY 03	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

Harvey Manes M.D., Esq. For Congress

(b) Address (number and street)
81-101 Spruce Pond Circle

(c) City, State, and ZIP Code

Plainview NY 11803

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate

manes, Harvey, , Dr.,

Date

[Electronically Filed] 07/18/2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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